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World Health Organization
Organisation mondiale de la Santé

EXECUTIVE BOARD
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See Add.1

Emergency and humanitarian action

Report by the Director-General

This document is submitted in compliance with resolution WHA46.6, which requested the Director-General to report to the Executive Board on, *inter alia*, activities undertaken by WHO as part of the coordinated efforts in the health sector within the United Nations system for early warning, preparedness for and response to emergencies, rehabilitation of services and reconstruction, and the role of WHO in this field. A report on this subject was submitted in January 1994 to the ninety-third session of the Board, which decided to retain the item on the agenda of the ninety-fifth session pending the completion of the work of the Task Force on Emergency and Humanitarian Action.

The dramatic and continuing rise in the number and severity of natural and man-made disasters calls for a strengthened and more proactive WHO role in helping to mitigate their impact. This document outlines how this can be achieved through a more focused application of WHO's normative functions in the emergency health field, the optimal use of its resources and the enhancement of practical cooperative links with WHO collaborating centres, other organizations of the United Nations system, nongovernmental organizations and other "partners".

The Board is requested to recommend to the Forty-eighth World Health Assembly the endorsement of the proposed WHO mandate for emergency and humanitarian action (Annex), as well as to comment on the proposed new strategy and make recommendations on the future orientation of activities.

INTRODUCTION

1. Emergency management, which includes emergency prevention, preparedness and response, is currently amongst the highest priorities of the international community. In any disaster situation, whether natural or man-made, human health is invariably at risk. WHO, through its existing technical and managerial expertise in health care and development, is ideally placed to analyse needs in the health sector in crisis situations and thus to advise governments and international agencies on the handling of health issues in emergencies.

2. The number of people affected by natural and man-made disasters, including "complex emergencies", escalated further in 1994. While no accurate figures are yet available for that year, it is estimated that the number may be as high as 250 million to 300 million people, among whom at least 40 million will have become refugees or internally displaced persons as a result of wars, complex emergencies involving internal

strife or natural disasters throughout the world. Complex emergencies appear to be on the rise, largely as a result of the ethnic and sociopolitical tensions that have surfaced in the post-cold-war era. In response to this global trend in the 1990s for emergency and humanitarian assistance needs to increase, a number of resolutions has been endorsed by the United Nations General Assembly and the Health Assembly, including resolution WHA46.6 on Emergency and humanitarian relief operations (12 May 1993).[1]

ROLE OF WHO IN EMERGENCY AND HUMANITARIAN ACTION

3. Within the global efforts aimed at emergency preparedness and disaster relief in the United Nations system, WHO's primary responsibility is to assume the health coordination role under its mandate and taking advantage of its scientific and technical expertise in medicine, public health and health development. In asserting this role, WHO works primarily with the United Nations Department of Humanitarian Affairs, established in early 1992 in order to enhance coordination in complex emergency situations. As a member of the Inter-Agency Standing Committee (IASC) and the IASC Working Group, WHO has become increasingly active in United Nations emergency and humanitarian activities.

4. Its role in these endeavours is twofold:

- in emergency preparedness, WHO considers it its responsibility to continue and further expand its traditional role of strengthening the capacity of Member States and promoting their self-reliance at national and district levels;

- in humanitarian action, Article 2(d) and (e) of the WHO Constitution require it "to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments" and "to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories".

5. During the first nine months of 1994, WHO collaborated in the issuing of 16 consolidated interagency humanitarian appeals. Donor contributions to the programme for emergency and humanitarian action for the same period totalled US$ 22.5 million.

6. Finally, WHO has been developing additional cooperative links, *inter alia*, with UNHCR, UNICEF and the International Committee of the Red Cross to ensure that the extensive medical knowledge that WHO can mobilize at headquarters and through its regional offices is effectively applied in responses to emergency situations.

REVIEW OF PROGRAMME ACTIVITIES IN 1994

Emergency relief and humanitarian assistance

7. With the complex emergency situation existing in Rwanda and neighbouring countries since April 1994, and in accordance with Health Assembly resolution WHA47.29 (12 May 1994), WHO joined in international relief efforts to bring assistance to Rwandan refugees as well as to internally displaced populations. By May

[1] Other resolutions are: United Nations General Assembly resolutions 46/182, on Strengthening of the coordination of humanitarian emergency assistance of the United Nations (19 December 1991), and 48/57, on Strengthening of the coordination of humanitarian emergency assistance of the United Nations (31 January 1994), and Health Assembly resolutions WHA46.39, on Health and medical services in times of armed conflict (14 May 1993), WHA47.28, on Collaboration within the United Nations system and with other intergovernmental organizations: health assistance to specific countries (12 May 1994), and WHA47.29, on Rwanda (12 May 1994).

1994, a WHO epidemiological assessment had been carried out, emergency health supplies were delivered and WHO teams were deployed. In July, as a consequence of the mass exodus, WHO deployed other teams of epidemiologists, primarily along the Zairian border, where, among other things, WHO identified the precise strain of cholera and other pathogens that had been decimating the refugee population. In Goma, WHO provided support for the collection and analysis of epidemiological data, and laboratory support and necessary drugs and materials, to help control the further spread of cholera, dysentery and meningitis.

8. In August, a Special Coordinator of the Director-General was sent to Kigali to reopen the country office and to coordinate WHO emergency and rehabilitation assistance in Rwanda, as well as in Rwandan refugee camps in neighbouring countries. WHO continues to help to rebuild the shattered health infrastructure in Rwanda.

9. In the former Yugoslavia, WHO activities were carried out through offices in Belgrade, Sarajevo, Skopje, Split, Tuzla, Zagreb and Zenica, with the help of over 80 international and local staff. Activities included assessing health needs; advising health authorities, other organizations of the United Nations system and nongovernmental organizations on public health matters and the nutritional content of food supplies; supporting health care institutions with medical and other supplies; and physical and psychosocial rehabilitation of war victims.

10. WHO continued to assist the governments of the New Independent States in coordinating activities in the health sector. In 1994, WHO participated in the interagency missions to Tajikistan and the Caucasus and in the subsequent elaboration of consolidated interagency appeals for such countries or areas. WHO currently maintains a presence in Tajikistan through its Special Representative and has liaison offices in Georgia, Armenia and Azerbaijan.

11. In the occupied Arab territories, WHO implemented special technical assistance programmes to improve the health conditions of the Palestinian people and assisted in the smooth transition of health services in Gaza and Jericho. Basic drugs, medical supplies and equipment as well as technical assistance in primary health care, sanitation and environmental activities were provided to the Palestinian Health Council.

12. WHO activities in Iraq, including in its northern governorates, included provision of life-saving drugs and basic medical supplies, epidemiological surveillance and malaria control.

13. The spread of cholera in Somalia was controlled by June 1994 with the help of a team of 10 WHO staff.

14. WHO continued to coordinate health care programmes in Afghanistan, including those in the camps for displaced and returning refugees, and delivered large amounts of medical and surgical supplies and equipment to health centres and hospitals in the country.

15. In collaboration with the Regional Offices, WHO activities in the South-East Asia and Western Pacific Regions included assistance to the Governments of China and India in connection with the severe floods in those two countries.

Emergency preparedness

16. In support of the International Decade for Natural Disaster Reduction, WHO organized two main sessions of the United Nations World Conference on Natural Disaster Reduction (Yokohama, Japan from 23 to 27 May 1994).

17. With respect to the normative functions of the programme, four manuals related to various technical aspects of emergency management are being finalized.

18. Training activities, including briefing sessions and interregional seminars on emergency management, were organized for WHO staff at regional and country levels. Among joint activities, WHO participated in a course on health emergencies in large populations (HELP) and the United Nations Disaster Management Training Programme. Training activities of the WHO Pan-African Centre for Emergency Preparedness and Response included formulation of a curriculum with computerized models including "risk mapping" and other material for use in national training workshops. Preparations for one-month international training courses on emergency management for the health sector are being completed. The first course will be held in Geneva in June 1995.

19. WHO, in collaboration with other organizations, continued to support community-level research-oriented activities in Sri Lanka, Mozambique and Croatia through the Health and Development for Displaced Populations Programme (HEDIP). The Programme's activities have been regularly documented and disseminated through a newsletter, "HEDIP Forum".

20. Strong efforts are being made to develop an early warning and emergency information system for support to WHO humanitarian action. Consultations with other technical divisions and collaborating centres are under way to finalize the implementation strategy for this project.

TASK FORCE STUDY

21. In August 1993, recognizing the strategic importance of a strong WHO role in emergencies, the Director-General decided to establish a Task Force on Emergency and Humanitarian Action, chaired by an Assistant Director-General, to determine how best to adapt to today's requirements in this fast-evolving field.

22. The report of the Task Force, whose recommendations are intended to serve as the blue-print for WHO's restructuring in this important area, is available on request. Its main findings and recommendations are summarized below:

(1) **Mandate.** The Task Force recommended that both WHO's overall mandate for emergency and humanitarian action and the related responsibilities and tasks of the Division should be revised and updated. This has been accomplished through broad consultation which has reaffirmed WHO's strong constitutional mandate for the activities which had, hitherto, been given insufficient attention. For the full text of the proposed WHO mandate, see the Annex.

(2) **Roles of headquarters, regional offices and country offices.** Normal WHO practice should be observed for emergency preparedness, which is of a similar nature to development activities. For humanitarian action, however, effective response depends on rapid reaction and requires a special distribution of responsibilities, whereby the WHO Representative must have simultaneous liaison with headquarters and the regional office, and a more active part in the United Nations disaster management team chaired by the UNDP Resident Representative.

(3) **Reorganization.** The Task Force has proposed a new structure which includes a much-needed strengthening of core staff, essential support services, regrouped and strengthened emergency relief sections, a fully-integrated office in Addis Ababa which will focus on training, the incorporation of the formerly separate injury prevention programme, and the creation of a post for an emergency coordinator to ensure smooth coordination within the Division and with other related divisions and programmes.

(4) **New procedures.** In response to the need for special emergency procedures for WHO as provided in United Nations General Assembly resolutions 46/182 and 48/57, a reform process has been started which aims, *inter alia*, at the harmonization of WHO's field emergency procedures with that of other organizations of the United Nations system, wider use of standard agreements and supply lists,

simplified recruitment and clearance procedures, a more transparent and "user-friendly" donor reporting system, and a strengthening of the role of the WHO Representative.

(5) **Resource mobilization.** If it is to secure the funds needed for effective emergency management, WHO must widen its circle of donors, collaborate more closely with its Members at all stages of resource mobilization, and encourage closer involvement of donors, with shared assessments, contributions in kind, staff secondment, etc. WHO is reviewing its overall policies relating to fund-raising for emergency activities; this includes a clarification of its responsibilities, the need for new specialized expertise in the Division and a reaffirmation of headquarters primary role and responsibility in fund-raising for complex emergencies.

WHO'S NEW STRATEGY FOR EMERGENCY AND HUMANITARIAN ACTION

23. Aware of WHO's broad constitutional mandate in this field, as well as the need to concentrate its efforts on areas where it is particularly well equipped to do so and on new forms of cooperation so as to further increase the effectiveness of its operations, the new strategy will build on the following key elements:

(1) **emphasis on its normative and technical guidance functions** rather than on operational response activities requiring extensive logistic support and staff in the field. This will be achieved by:

- establishing focal points in regional offices for the implementation of emergency preparedness programmes at country level;
- holding regular meetings of responsible officers from regional offices to develop common strategies and approaches for emergency management;
- developing global projects and activities at headquarters level which reflect the needs of the regions and Member States, including, *inter alia*, the preparation of technical publications, the organization of technical meetings and conferences and the development and implementation of training programmes;
- establishing a focal point in each of the technical divisions at headquarters;
- providing technical support to regional offices when requested;
- strengthening WHO's capabilities for immediate assessment of health aspects of emergencies, *inter alia*, through the timely mobilization of "emergency health assessment" teams;
- strengthening WHO's capacity to monitor and enhance collaboration between the parties responding to health needs in complex emergencies;

(2) **adopt a "partnership" approach**, i.e., much closer collaboration from the planning stage onwards, not only with the governments concerned and the main bilateral donor agencies, but also with other organizations of the United Nations system and nongovernmental organizations, in a spirit of full cooperation and with a view to ensuring complementarity of action under a common plan;

(3) **emphasis on the "development continuum"**, i.e., the need to ensure an "unbroken chain of congruent activities during emergency preparedness, emergency relief, rehabilitation and long-term health development"; this presupposes a high level of technical expertise in emergency health management, sound planning and effective interagency coordination;

(4) **clear distinction between natural and technological disasters and health emergencies on the one hand and complex emergencies on the other**: in the former, WHO's regional offices, with support and broad strategic directions from headquarters, will continue to play the main role in WHO's relief efforts; in the latter, the establishment of special highly centralized coordination mechanisms under the United Nations Department of Humanitarian Affairs necessitates the direct responsibility of the Director-General and involves headquarters and regional offices;

(5) **intensification or extension of relations with other divisions and WHO collaborating centres for emergency and humanitarian action** so as to strengthen capabilities through shared expertise; as the focal point for the preparation of WHO's response to complex emergencies, the Division will ensure the effective mobilization and contribution of others concerned within WHO, as well as facilitate an optimal utilization of collaborating centres' contributions to this process;

(6) **focus on a few specific areas of concern to WHO's governing bodies and providers of funds,** notably the establishment of an epidemiological early warning system and increased emphasis on training in emergency health management, for the benefit of WHO's staff and its "partners", including Member States;

(7) **re-enforcement of the technical and coordinating role of the Division in safety promotion and protection against violence** (which are included in the Ninth General programme of Work) with appropriate adjustment of activities of the injury prevention programme, to maximize WHO's technical capacity in this field;

(8) **strengthening of WHO's advocacy for the respect and protection of health personnel and infrastructure in conflict situations within the concept of health as an investment for peace**; WHO will advocate an international ban on the production and use of anti-personnel mines and the setting-up of effective treatment and rehabilitation programmes for the victims, as well as the systematic management of delayed health effects of mental and physical injuries in situations of collective violence.

ACTION BY THE EXECUTIVE BOARD

24. The Executive Board may wish:

(1) to recommend to the Forty-eighth World Health Assembly the endorsement of the proposed WHO mandate for emergency and humanitarian action;

(2) to review and make recommendations on the proposed key elements for a new strategy; and

(3) to make recommendations on the future orientation of WHO emergency and humanitarian action.

ANNEX

PROPOSED WHO MANDATE FOR EMERGENCY AND HUMANITARIAN ACTION

1. BACKGROUND AND BASIC CONSTITUTIONAL MANDATE

Humanitarian assistance, which includes emergency prevention, preparedness and response, has very high priority for the international community. In any disaster situation, whether natural or man-made, human health is invariably at risk. As the United Nations agency for health, the World Health Organization has the mandate and responsibility of leadership in planning, coordinating and managing international emergency assistance programmes where health is concerned. Health can be an instrument for peace. Thus, the Organization intends to make its specific contribution to the Secretary-General's "Agenda for Peace" and a more peaceful world.

Article 2 of the Constitution of WHO states that WHO shall "act as the directing and co-ordinating authority on international health work", "furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments" and "provide, or assist in providing, upon the request of the United Nations, health services and facilities to special groups ...". These groups do not necessarily fall within political boundaries, nor do they always follow the classical distinction between soldiers and civilians. Those eligible for WHO emergency health assistance include people suffering from disease, injury or malnutrition, be they civilians, military personnel or refugees.

Since its inception, WHO's many technical programmes, such as those for communicable diseases prevention and control, immunization, water and sanitation, mental health, or essential drugs, have incorporated elements of emergency preparedness in specific activities for health development in Member States.

WHO formally established an emergency unit in the 1970s to coordinate the technical support of other divisions to regional offices for emergency preparedness activities at country level. In the 1980s, when natural disasters, "technological" disasters and complex emergencies increased in number and importance, Member States called on WHO to tackle disaster relief as well. Several Health Assembly resolutions have been adopted to strengthen emergency response.[1] An expanded Division of Emergency Relief Operations (ERO) was formed in 1989, incorporating the former Emergency Preparedness and Response Programme (EPR) and a newly created Emergency Relief Programme (REL).

WHO's involvement in emergency preparedness received an important boost with the International Decade for Natural Disaster Reduction (United Nations General Assembly resolution 44/236) in 1989. UNESCO and WHO were the only organizations in the United Nations system to have passed a specific resolution of their governing bodies (see resolution WHA42.16) on the Decade, urging increased contribution to related national and international efforts. An interagency working group for the Decade was subsequently created, of which WHO is a member.

The Division, once constituted, focused on relief and reconstruction talks in Afghanistan, Namibia and the occupied Arab territories. However, it quickly expanded its operations to other countries and areas such

[1] Resolutions WHA46.6 on Emergency and humanitarian relief operations (12 May 1993); WHA46.39 on Health and medical services in times of armed conflict (14 May 1993); WHA47.28 on Collaboration within the United Nations system and with other intergovernmental organizations: health assistance to specific countries (12 May 1994); and WHA47.29 on Rwanda (12 May 1994).

as Angola, Cambodia, Iraq, the Horn of Africa, Lebanon, Liberia, Malawi, Mozambique, and the republics of the former Yugoslavia and of the former Soviet Union, etc.

In December 1991, the United Nations General Assembly adopted resolution 46/182 on the strengthening of the coordination of humanitarian emergency assistance of the United Nations. A new United Nations Department of Humanitarian Affairs and an Inter-Agency Standing Committee were established to coordinate the work of the organizations of the United Nations system more closely, under the leadership of the Secretary-General and the Under-Secretary-General for Humanitarian Affairs. In response to the widely-felt need for closer coordination and more rational distribution of emergency responsibilities among the organizations, WHO in 1992 restructured its emergency division once again by creating relief units with a clear geographical focus and adding an emergency information unit.

Recently, WHO has engaged in a comprehensive review of its global operations for humanitarian relief in order to adapt its structure and procedures to the requirements of this rapidly changing field. The object of these reforms is to enable WHO to assure its leading role in the planning and management of emergency interventions where health is concerned by providing increased support to its Member States and other "partners" in system-wide emergency response.

2. OBJECTIVE AND SCOPE OF WHO'S INVOLVEMENT IN EMERGENCY AND HUMANITARIAN ACTION

WHO's emergency management activities will help Member States to coordinate, implement and monitor health policies, infrastructure development and relief operations so that they meet the threats of wide-scale emergencies to health, such as epidemics, drought, famine, cyclones, floods, earthquakes, chemical pollution, civil unrest and armed conflict.

WHO's objective is to strengthen national capabilities for emergency preparedness through close collaboration with Member States, as well as by ensuring maximum congruence of emergency relief, rehabilitation and long-term development efforts, so as to promote increased self-reliance in affected countries in emergency situations. Thus, WHO intends to make its contribution to the implementation of the guiding principles in United Nations General Assembly resolution 46/182, according to which special attention should be given to disaster prevention and preparedness by the governments concerned, as well as by the international community.

WHO's objectives in emergency relief are to provide, where appropriate, initial relief assistance in the humanitarian health field in the aftermath of disasters, to ensure that health relief efforts are efficient, appropriate and effective, and that they are carried out in a coordinated manner; and subsequently to support and rehabilitate health care systems, emphasizing the primary health care approach as well as the need to provide special groups with essential health services. A primary aspect of WHO's relief efforts will be to ensure that, as far as possible, the initial medical relief structures are incorporated in the permanent infrastructure, in accordance with the principle that emergency assistance should be provided in ways that will be supportive of recovery and long-term development, as stated in United Nations General Assembly resolution 46/182.

3. WHO'S APPROACH IN EMERGENCY AND HUMANITARIAN ACTION

WHO will use a combination of technical advisory services to achieve its objectives as the main public health adviser to other partners with a view to (1) concerted intervention by all relief agencies, (2) direct intervention, and (3) delegation of certain activities to other organizations of the United Nations system or

nongovernmental organizations as required, involving the existing United Nations coordination bodies and governmental structures in the delivery of humanitarian assistance.

WHO will continually review and update the technology for humanitarian assistance, drawing upon the vast scientific and technical resources of more than 25 divisions and over 100 technical programmes at WHO headquarters and in six regional offices, and over 1100 scientific and technical institutions linked to WHO as collaborating centres, eight of which are directly concerned with emergency and humanitarian action, in which WHO Representatives and regional offices, including field staff, have a key role to play. New emergency procedures will facilitate more rapid decision-making by WHO's executive management and, in general, a faster response in all emergency situations.

The aim of WHO's emergency activities is above all to encourage self-reliance and national development in Member States by increasing their capacity to manage emergencies. Mindful of the principle expressed in United Nations General Assembly resolution 46/182 that there is a clear relation between emergency assistance, rehabilitation and development, WHO's relief efforts will be integrated into long-term plans for health and social development, and will rely on expertise in countries as much as possible. WHO will also encourage countries to include measures for disaster preparedness, prevention and mitigation into their mid- and long-term development plans, in close collaboration with the secretariat of the United Nations Department of Humanitarian Affairs for the International Decade for Natural Disaster Reduction, of which WHO is a key partner. In order to further this process and to establish focal points for expertise in this area, WHO is also planning to increase the utilization for emergency activities of its worldwide network of collaborating centres and to strengthen its WHO Representatives' offices through intensified training and other appropriate measures.

Within the framework of interagency coordination under the United Nations Department of Humanitarian Affairs, WHO intends to focus its efforts mainly on areas in which it possesses particular expertise or other advantages, and to collaborate with other organizations of the United Nations system working in related areas, in order to avoid duplication of effort and to maximize the effectiveness of operations. Special collaboration will be sought with the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies, particularly in developing advocacy for emergency humanitarian work. Expansion of WHO's collaboration with nongovernmental organizations in the field of medical emergencies is deemed to be particularly important in view of their strong presence in this area and their proven strength in the implementation of field projects.

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Report by the Director-General

This addendum is an update on action by WHO in a number of countries where emergencies have been recently declared or where emergency measures are continuing.

The continuing rise in extended emergencies is a major concern to WHO since countries' health developmental cycle is interrupted and the resources are drained in relief work of a temporary nature rather than invested in meaningful development capacity-building activities.

INTRODUCTION

1. In response to resolution WHA46.6, which requested that WHO should play a more active role in responding to emergency health needs arising from complex emergency situations, the Organization has:

(a) initiated a process of internal adjustment to strengthen its technical and administrative capacities for crisis management;

(b) reinforced its cooperative ties, within the coordination framework provided by the United Nations Department of Humanitarian Affairs (DHA), with other organizations in the United Nations system, and with nongovernmental organizations;

(c) forged new cooperative links with donor governments in the planning and implementation of emergency response activities.

2. In all cases, resolution WHA46.6 has allowed WHO, working in close cooperation with the United Nations Department of Humanitarian Affairs and other organizations concerned, to bring about more coherence in health support activities, making optimal use of contributions by different implementing partners, including bilateral ones.

3. While WHO's expanded investment in emergencies is still relatively new and has met with initial problems and delays, definitive progress has been and is being made. This augurs well for the future.

FORMER YUGOSLAVIA

4. WHO, mainly through its Regional Office for Europe, has played a critical role in coordinating health sector responses in former Yugoslavia but also in the actual relief operations.

5. The United Nations Department of Humanitarian Affairs cooperates in the preparation of interagency consolidated appeals with UNHCR which, as lead agency, has overall responsibility for the coordination of the international community's humanitarian response to the crisis; UNHCR requested WHO and its Regional Office for Europe to monitor the health and nutritional situation in former Yugoslavia and to help coordinate the responses of different cooperating partners in meeting emergency health requirements. This entailed the deployment of a large number of field staff, the opening of several sub-offices and the nomination of a Special Envoy to coordinate the management of the complex operation.

6. WHO has made optimal use of the support provided by the donor community both to discharge its coordination responsibility and to carry out specific activities, including the following projects in 1994:

(a) **Supplies and medical assistance for hospitals in Bosnia-Herzegovina** in response to the interagency appeal for 1994, using a new approach whereby nongovernmental organizations executed parts of the operation funded by the donors. High priority was given to primary health care by the Government of Bosnia-Herzegovina. After initial operational problems, this first attempt at such cooperation was very successful.

(b) **Twinning of Bosnian and Italian hospitals.** One of the main problems facing health institutions and professionals in Bosnia-Herzegovina is lack of access to the outside world. There is a brain drain as professionals leave the country, and those who stay are without any of the information needed for their work. The twinning project finalized with the Italian Government is an excellent opportunity to reconnect them, and provides a basis for sustained assistance once the emergency phase is over.

(c) **Assistance to WHO mental health projects in Bosnia.** Mental health projects were among 13 priorities set by the Ministry of Health of Bosnia-Herzegovina in collaboration with WHO in June 1994. Assistance from donor countries has made it possible to implement the WHO regional model in Sarajevo, a complex educational programme designed to train professionals in psychiatry and other health staff in the care of traumatized individuals and groups.

(d) **Projects for the elderly in Sarajevo.** The reports from the WHO winter nutritional surveys in 1993 and 1994 show alarmingly high levels of under-nutrition among the elderly (over 60 years), to which many factors, such as stress, sickness, cold and inability to prepare food, contributed. Donor response for this neglected and vulnerable group was to allocate funding for an important "pilot" initiative; implementation has already begun.

7. WHO has worked increasingly with donors and nongovernmental organizations as implementing partners in former Yugoslavia, and cooperated closely with a number of scientific institutions and collaborating centres. It is hoped that its collaboration with donors in the field of emergency planning and response will continue to expand.

IRAQ

8. WHO has continued to provide a variety of supplies and drugs basically for medical care and for malaria control, which has become a problem of increasing concern. However, WHO was unable to meet a considerable part of the demand for specific drugs, surgical supplies and laboratory reagents and spare parts because only a modest amount of funds was received from donors. As far as malaria is concerned, WHO

assigned a consultant malariologist in the north of the country, and a strategy to combat and control the epidemic was prepared. Its implementation requires timely and appropriate support from the donor community.

9. Support to improve water quality has been maintained through a regular monitoring programme. The shortages of chlorine and spare parts for water plants in general and sewage treatment plants in particular are of great concern. The difficulties in meeting these needs, owing to the scarcity of funds and difficulties in obtaining such spare parts, with lengthy clearance formalities make it necessary to adopt approaches based on rehabilitation of the existing systems.

10. WHO is thus advocating the redirection of activities towards progressive rehabilitation of the health system. An assessment of the needs for the drug manufacturing plant and the chlorine production plant is in progress in order to assist these plants to recover their capacity and hence improve local production of essential drugs and chlorine for water disinfection.

11. WHO, through its humanitarian action and regular programmes, is helping to improve the coverage of preventive activities and to launch the countrywide campaign for poliomyelitis eradication.

MOZAMBIQUE

12. WHO implemented primary health care activities in the assembly areas for the demobilized soldiers and their families in collaboration with nongovernmental organizations and the Government Military Health Department under the United Nations Operations for Mozambique (UNOMOZ) from December 1992 to December 1994 as stipulated in the General Peace Agreement concluded between the Government of Mozambique and the Resistencia Nacional Mozambicana (RENAMO).

13. WHO seconded a staff member to the Technical Unit of UNOMOZ, to manage the project, and at the same time a second staff member was seconded to the United Nations Office for Humanitarian Assistance Coordination (UNOHAC), whose role was to ensure links between the relief phase and the rehabilitation and reconstruction phase once the elections are carried out and the demobilization of soldiers is completed.

14. The project included the following: 59 347 soldiers were given medical check-ups in the 49 assembly areas; 233 365 consultations and medical examinations were performed benefiting soldiers, dependants and the local population; 3237 disabled soldiers were identified; six health facilities were rehabilitated to form part of the national health system; health education activities were carried out in accordance with national policy and guidelines; RENAMO health workers and local health officers were given on-the-job training by WHO and nongovernmental organizations; epidemiological information was collected and shared with all appropriate entities, including the Ministry of Health.

RWANDA

15. WHO participated from the very onset of the crisis in Rwanda in the assessment of the situation and the emergency needs arising from it, in close association with and under the leadership of the United Nations Department of Humanitarian Affairs. The cooperation grew steadily from April 1994 onwards and WHO is now responsible for providing the coordination required in the health sector to, *inter alia*, link initial emergency response to the rehabilitation and reconstruction of the health infrastructure throughout the country.

16. As part of WHO's strategy for building up its capacity to play an active humanitarian field role in emergencies, a Task Force on Rwanda was set up at headquarters early on during the crisis, chaired by the responsible Assistant Director-General, and with the participation of members of the Director-General's

Cabinet, the Director of the Division of Emergency and Humanitarian Action (EHA), the Director of Personnel, directors of focal points in the key technical divisions, and staff of Information and Media Support (INF). The Task Force met several times a week to review the strategy for WHO's operations and the means to build up the required field activities to meet urgent needs.

17. A turning point in the mobilization of WHO's capabilities to respond to the crisis came immediately after the exodus of Rwandan refugees to Goma in July 1994, when WHO established the Special Coordinator's Office in Kigali to oversee its humanitarian activities in the region. In accordance with the decision of the Director-General to take a more active and direct managerial role in complex emergencies, the Special Coordinator was appointed by him and the Regional Director for Africa.

18. WHO's contribution to the overall humanitarian effort in Rwanda has included:

- technical support to UNHCR, UNICEF, nongovernmental organizations and other implementing partners, in the refugee camps, including the provision of medical protocols and guidelines, the holding of workshops and the undertaking of training activities;
- technical contributions on matters of vaccination in Goma, upon the request of UNICEF;
- emergency medical supplies in coordination with other agencies in the camps;
- liaison between international agencies and the local health authorities, and assistance to the local health structures;
- several joint activities with UNICEF in Rwanda, including the revitalization of the Central Pharmacy in Kigali; water supply and sanitation; health infrastructure needs assessment; diarrhoeal diseases control; maternal and child health care; vaccinations for specific diseases; and mental health services;
- with technical support from the WHO Panafrican Centre for Emergency Preparedness and Response, Addis Ababa, an epidemiological information system for the region, with electronic mapping, was developed and used as one of the coordination tools in the health sector (it was also used by the United Nations Rwanda Emergency Office (UNREO) and UNHCR in cases where repatriation and resettlement of internally displaced persons were being considered).

YEMEN

19. A United Nations Consolidated Interagency Appeal for Yemen was launched in August 1994 following the civil war. WHO received favourable responses from Italy, Japan and Netherlands. The funds received permitted the provision of essential drugs and diagnostic reagents for cholera and dysentery control and water/sanitation programmes.

OTHER COUNTRIES

20. WHO has emergency response support activities in a number of countries besides those listed above, including Afghanistan, Angola, Armenia, Azerbaijan, Burundi, Djibouti, Eritrea, Ethiopia, Georgia, Haiti, Islamic Republic of Iran, Lebanon, Liberia, Somalia, Sudan, Tajikistan, United Republic of Tanzania and Zaire.

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